

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF 079116
2. NAME OF OPERATOR DEKALB Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR 1625 Broadway - Denver, CO 80202		7. UNIT AGREEMENT NAME -
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL & 900' FEL (NE/4, NE/4)		8. FARM OR LEASE NAME Hancock
14. PERMIT NO. N.A.		9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5983' GR		10. FIELD AND POOL, OR WILDCAT West Kutz P.C.
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T27N-R12W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) **Recomplete in Fruitland Coal XX**

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. MI & RU. TOH with production equipment, check PBTD. Clean out hole to 1746', if necessary.
2. Run GR/CNL log. Determine location of coal zone.
3. Run 1746' of 5-1/2" casing, cement casing to surface.
4. TIH with bit & scraper, check PBTD, TOOH.
5. Perforate the Base of the Fruitland Coal with 4 SPF.
6. Run 2-3//8" tubing and packer, spot 200 gallons of 7-1/2% HCL and breakdown the perforations at 2-3 BPM +/- 2,000 psi.
7. Frac the Fruitland Coal down 2-3/8" tbg and 8 BPM w/+/- 2,000 Psi with 16,000 gals Boragel and 34,000# sand. Proceed the frac with a 40,000 SCF Nitrogen pad, and carry 300 SCF/BBL N₂ throughout the job.
8. Open the well slowly and flow Nitrogen back, put well on production.

18. I hereby certify that the foregoing is true and correct

SIGNED Thomas J. Ryan TITLE District Engineer

DATE October 11, 1990

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

APPROVED

OCT 19 1990

Man Townsend
AREA MANAGER

*See Instructions on Reverse Side